



1370 Hosford Street  
Hudson, WI 54016

## Reflexology Client Intake Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Telephone \_\_\_\_\_ (H) \_\_\_\_\_ (C) Occupation: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Birth Date \_\_\_\_\_ Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Would you like to be added to our newsletter to receive specials and coupons? YES \_\_\_\_\_ NO \_\_\_\_\_

**The following information will be used to help plan safe and effective reflexology sessions. It will be kept confidential. Please answer to the best of your ability.**

Have you had Reflexology in the past? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, how recently? \_\_\_\_\_

Do you sit for long hours at a workstation, computer or driving? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any particular goals for this reflexology session? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you currently under the care of a physician? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you currently taking any medications, prescription or over-the-counter? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain/list medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle any condition below that applies to you:

Anxiety	Depression	Varicose Veins	Muscle Pain
Blood Clots	Bruise Easily	Heart Conditions	Circulatory Issues
Diabetes	Digestive Issues	Headaches/Migraines	Neuropathy/Numbness
Artificial Joint(s)	Cancer	Fibromyalgia	Arthritis
Osteoporosis	Pregnancy	High or Low Blood Pressure	
Epilepsy/Seizures	Sleep Issues	Recent Surgery: _____	
Sensitive to Pressure	Asthma/Allergy/Sinus	Skin Condition: _____	

If you are pregnant, has your doctor given permission for reflexology? YES\_\_\_\_ NO\_\_\_\_

Please explain any issues you are currently having with your feet: \_\_\_\_\_

Do I have your permission to use Young Living Essential Oils during your session? YES\_\_\_\_ NO\_\_\_\_

If yes, are there any Essential Oils or Carrier Oils (i.e. Almond Oil, Coconut oil, etc) that you react to? Please explain below:

Please note that:

- I am not a doctor and I do not practice medicine
- I do not diagnose or treat for a specific illness
- I do not prescribe or adjust medication
- Reflexology is not a substitute for medical treatment, but is a complement to most types of therapy
- Reflexology is not a substitute for medical care. If you are experiencing any specific medical problem and have not seen your medical doctor, I recommend you do so today.

What does Reflexology do?

1. Reflexology promotes balance and normalization of the body naturally;
2. Reflexology reduces stress and brings about relaxation; and
3. Reflexology stimulates circulation and the delivery of oxygen and nutrients to the cells

By signing this form, I give my consent to a Reflexology session. I understand I may discontinue a session or sessions at any time. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made the diagnosis, about the sessions I will be receiving, and whether or not I intend to discontinue any treatment or therapy which has been previously ordered, prescribed or recommended by a licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_